



McLennan County Public Health District  
 Vital Statistics Division  
 225 West Waco Drive  
 Waco, TX 76707  
 (254) 750-5462

Email address: [Lakendrac@ci.waco.tx.us](mailto:Lakendrac@ci.waco.tx.us)

Fax Number: (254) 750-5455

**APPLICATION FOR CERTIFIED COPY OF BIRTH OR DEATH CERTIFICATE-TEXAS ONLY**

**CERTIFIED**  
 **BIRTH CERTIFICATE**  
*Available for Texas Births*

Short Form \$23.00 X \_\_\_\_\_ = \$ \_\_\_\_\_  
 Long Form \$23.00 X \_\_\_\_\_ = \$ \_\_\_\_\_

\*Long form available for **Waco** births **ONLY**

**Total Amount Due \$ \_\_\_\_\_**  
 \***MAIL Request \$10.00 fee to Expedite**

*Lines Below  
Office Use Only*

Certificate # \_\_\_\_\_  
 Paper # \_\_\_\_\_  
 Paper # \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Issued by \_\_\_\_\_

**CERTIFIED**  
 **DEATH CERTIFICATE**  
*Must have occurred inside Waco city limits*

Certified Copy x \_\_\_\_\_ \$21.00 = \$ \_\_\_\_\_  
 Extra Certified Copies x \_\_\_\_\_ \$ 4.00 = \$ \_\_\_\_\_

**Total Amount Due \$ \_\_\_\_\_**  
 \***MAIL Request \$10.00 fee to Expedite**

PLEASE PRINT

<b>1. Name on Record</b>	First Name	Middle Name	Last Name (at birth)	
<b>2. For Birth Record Date of Birth</b>	Month	Day	Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>3. For Death Record Date of Death</b>	Month	Day	Year	
<b>4. Place of Birth or Death</b>	City of Town	County	State: <b>TEXAS only</b>	
<b>5. Father</b>	First Name	Middle Name	Last Name	
<b>6. Mother</b>	First Name	Middle Name	<b>MAIDEN</b> Name	

7. **Applicant (YOUR NAME):** \_\_\_\_\_ 8. Telephone (Daytime) #( ) \_\_\_\_\_
9. Mailing Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP
10. Email Address (for Mail-In, Email or Fax request) \_\_\_\_\_ @ \_\_\_\_\_
11. **Your relationship** to the person named in item #1 above: \_\_\_\_\_
12. **Purpose** for obtaining this record:  Check One  Travel  School  ID  Passport  Insurance  Job  Genealogy  Other \_\_\_\_\_
13. **A Copy of your ID MUST be attached to Email, Fax or Mail-In Request**

**For any search of the files where a record is not found the searching fee is NON-REFUNDABLE or TRANSFERABLE.**  
**\*\*LONG FORM must be requested BEFORE payment is made. \*\***

\_\_\_\_\_  
 SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
 IDENTIFICATION TYPE (Driver license, ID Card, etc.)

Birth records are confidential for 75 years and death records for 25 years; therefore, issuance is restricted. Administrative rules require that on restricted records, all identifying information (items 1-8), relationship (item 11), and purpose (item 12) be provided in order to issue the record. Fees are subject to change without notice.

**WARNING: THE PENALTY FOR KNOWINGLY MAKING FALSE STATEMENT ON THIS FORM CAN BE 2-10 YRS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC.195.003)**